## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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05/05/2004

THE PROCTER & GAMBLE COMPANY INTELLECTUAL PROPERTY DIVISION WINTON HILL TECHNICAL CENTER - BOX 1/61 6110 CENTER HILL AVENUE CINCINNATI, OH 45224



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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Depositor's name) (Signature) (Date)

1	APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
•	09/832,581	04/11/2001	Michael Donovan Mitchell	8494	3612

TITLE OF INVENTION: FILTERS AND FILTER MATERIALS FOR THE REMOVAL OF MICROORGANISMS AND PROCESSES FOR USING THE SAME

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	08/05/2004
nonprovisional	NO	\$1330	0 \$300	\$1630	
EXAMINER		ART UNIT	CLASS-SUBCLASS	]	
CINTINS	CINTINS, IVARS C		210-263000	•	•
CFR 1.363).  ☐ Change of correspond Address form PTO/SB/1	•	orrespondence	2. For printing on the patent front page, names of up to 3 registered patent a agents OR, alternatively, (2) the name firm (having as a member a registered agent) and the names of up to 2 registered	of a single attorney or 2 Richard	obert Chuey rd L. Alexander
The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			attorneys or agents. If no name is liste will be printed.	-	·

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME\_OF ASSIGNEE

The Procter + Gamble Co.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Cincinnati, Ott

Please check the appropriate assignee category or categories (will not be printed on the patent);	individual corporation or other private group entity government		
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☐ Issue Fee ☐ A check in the amou	int of the fee(s) is enclosed.		
☐ Publication Fee ☐ Payment by credit ca	ard. Form PTO-2038 is attached.		
Advance Order - # of Copies The Director is her Deposit Account Number	ereby authorized by charge the required fee(s), or credit any overpayment, to mber 16-24 80 (enclose an extra copy of this form).		
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